

NH MEDICAL CONTROL BOARD

**Richard M. Flynn Fire Academy
222 Sheep Davis Road
Concord, NH**

MINUTES OF MEETING

JULY 17, 2003

Members Present: Donavon Albertson, MD; Chris Fore, MD; Frank Hubbell, DO; Jeff Johnson, MD; Patrick Lanzetta, MD; Jim Martin, MD; Director Rick Mason; Joseph Mastromarino, MD; Douglas McVicar, MD; Joseph Sabato, MD; William Siegart, MD; Sue Prentiss, Bureau Chief; Norman Yanofsky, MD.

Members Absent: Joseph Cravero, MD; John Sutton, MD; Mary Valvano, MD.

Guests: Will Riley; John Sanders; Matt Fulton; Patrick Ahearn; Jeanne Erickson; Steve Erickson; Fred Heinrich; Donna York Clark; Jin Bouffard; Ed Lavery; Gary Zirpolo; Tinker Kiesman; Doug Martin; Dr. Tom D'Aprix; Dave Duquette.

Bureau Staff: Liza Burrill, Education Coordinator; Kathy Doolan, Field Services Coordinator; Lynn Lagace, Secretary; Clay Odell, Trauma Coordinator; Will Owen, ALS Coordinator; Fred von Recklinghausen, Research Coordinator.

I. CALL TO ORDER

Item 1. The meeting of the EMS Medical Control Board was called to order by Dr. McVicar at 9:05 a.m. on July 17, 2003 at SOLO in Conway, NH.

II. ACCEPTANCE OF MINUTES

Item 1. May 15, 2003 Minutes: Will Owen stated Fred Heinrich was present at the May meeting and should be included as a guest in the minutes. **Motion** was made by Dr. Yanofsky and seconded by Dr. Martin to accept them as amended by Will Owen. Motion passed unanimously.

III. DISCUSSION AND ACTION PROJECTS

Item 1. Protocol Subcommittee Report

Dr. McVicar reported that the subcommittee had met again on July 2, 2003 to investigate further aspects of the protocols that had been brought up at the May 15, 2003. MCB Meeting. The issues discussed were the "scope of practice" document, dimensions of Local Option and legal questions with regards to Administrative Rule changes. The following recommendations were made by the subcommittees and presented to the Board:

1. Scope of Practice" Document Recommendation:

The proposed summary document which has been referred to as a "Scope of Practice" document is erroneously so called. A more accurate title would be "Protocol Cross Reference by Level of Licensure." This document should be included in the next edition of the protocols. Some system of notation should clearly differentiate protocols that are provided in rule and protocols that are part of a local option "maximum menu."

2. Standing Orders vs. On-Line Medical Control Recommendation:

During the upcoming period of review of the clinical content of the protocols the MCB should replace on-line medical control with standing orders whenever possible. The subcommittee believes that on-line medical control can almost always be replaced with standing orders. The question was raised whether a Medical Resource Hospital (MRH) EMS Medical Director could alter a protocol to require on-line medical control, even after the MCB has removed it. It is the opinion of the subcommittee that in the case of a local option protocol the EMS Medical Director could do so, whereas in the case of a protocol that is in the Administrative Rule the EMS Medical Director could not do so.

3. Who is bound by Local Option?

With regards to question of which entities (providers, hospital, services, etc.) are bound by Local Option, Dr. McVicar reported this is defined in statute and rule and that the MCB has no control over it.

4. Privileging / Credentialing Recommendation:

The subcommittee recommends that the development of a privileging/credentialing process should be made a priority. The privileging/credentialing process would be analogous to hospital medical staff privileging/credentialing and should include a mechanism for quality management and a mechanism for due process in the restriction of privileges. The subcommittee also recognizes that a privileging/credentialing process that applies to local option protocols may differ from one that applies to minimum statewide protocols as defined in

Administrative Rule. The subcommittee believes that to achieve this goal the MCB will need to work collaboratively with other stake holders.

Discussion followed. Dr. Albertson stated there should be reciprocity with regards to privileging/credentialing between all of the MRHs. Dr. Hubbell stated that he felt the Board needed to continue to move towards "statewide" protocols and if that was done, there would be no need for a privileging/credentialing process. It was decided that the existing subcommittee needed to continue to investigate these issues.

Recommendation was approved unanimously with the understanding that the existing subcommittee would investigate this issue further.

5. Administrative Rule Changes with Regards to Protocols

Dr. McVicar reported that the subcommittee had discussed the issue of the protocols in Administrative Rule and had developed the following questions for the Department of Safety: How should the MCB proceed when there is a need to change the protocols already in rule? What is the timeframe for a rule change? Is there an alternative for the statewide minimum protocols?

Dr. McVicar stated he had recently met with John Stevens, the Assistant Commissioner for the Department of Safety, Marta Modigliani, a lawyer from the Department of Safety, and Director Mason about these questions. He stated that the Department of Safety was looking into alternatives for the protocols in the Administrative Rule and that he would keep the Board informed.

All of the recommendations brought forth by the Protocols Subcommittee were unanimously accepted by members of the MCB.

Item 2. Protocol Timetable – "A 2-Year Cycle"

Will Owen did a PowerPoint presentation on a proposed "2 Year Cycle" to develop, review, publish and implement the NH Local Option Patient Care Protocols.

The first year of the cycle would be dedicated to examining, researching and discussing the potential new protocols, procedures and medication as well as convening a statewide Medical Director meeting. The emphasis of the first year would be on discussion and gathering input. At the end of the first year, based on the research and discussion, general decisions with regards to the protocols would be made and publicized. The second year of the cycle would be dedicated to drafting the protocols, developing educational materials, approving changes in the approved medication list with the Board of Pharmacy, making Administrative Rule changes as necessary, and doing a general "housekeeping" review of the

protocols. At the end of the second year, the final protocols and supportive materials would be published.

In order to cover emergency situations, the MCB and NHBEMS would have the flexibility to change and roll-out protocols sooner when deemed necessary.

Will Owen proposed that for the next 16 months, with input from the EMS community, the MCB, the Protocol Subcommittee and NHBEMS continue to work on the overall protocol process as they have been for the last 6-8 months. During this time, there should also be an extensive content review. In January of 2005 the next set of protocols would be published and a new 2-year cycle would begin.

Discussion followed about the actual implementation of the protocols by the MRHs. Will stated he believed under the current protocol structure that the state could not mandate a hospital to implement protocols. Will stated his experience is that it takes a hospital 4-6 months once it receives the protocols from the state to implement them in their local area. It was pointed out that if more protocols become part of Administrative Rule that we would need to look at setting an implementation date.

Motion was made by Dr. Mastromarino and seconded Dr. Sabato to approve the 2-year cycle as described. Motion passed unanimously.

Item 3. Airway Adjunct Implementation

Will Owen did a PowerPoint presentation on a proposed implementation plan and timeline for the decisions the Board had made with regards to airway adjuncts at their May 15, 2003 meeting.

The plan would involve the following:

1. NH Department of Safety, NHBEMS, will investigate the option of writing a state-wide waiver allowing units to substitute an esophageal tracheal combitube for an EOA with regards to required equipment set forth in Administrative Rule.
2. NHBEMS would initiate Administrative Rule changes to remove all references to the EOA.
3. NHBEMS would develop recommended Educational Components for the esophageal tracheal combitube, LMA and endotracheal intubation. These would include objectives, outlines, power point presentations and other resources. These would be published by June 1, 2004.
4. The MCB's Protocol Subcommittee would review and develop protocols for the use of each approved airway adjunct. These protocols would be officially published with the next set of NH Local Option Patient Care Protocols by January 1, 2005 but a statement from the MCB with regards

to the specific airway adjunct protocols would be released with the above recommended Educational Components by June 1, 2004.

5. NHBEMS would send a letter to each Unit and MRH explaining the changes and the implementation plan.

Until these steps can be completed, the current NH Local Option Patient Care Protocols dated January 2003 would be followed.

Motion was made by Dr. Mastromarino and seconded by Dr. Yanofsky to move forward with the implementation of the Airway Adjuncts Implementation Project and proposed timeline. Motion passed unanimously .

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

Item 1. AED Use in Children

Will Owen stated that at the May 15, 2003 Coordinating Board meeting there was a discussion about the use of AEDs in pediatric patients. There are at least 2-3 AED Manufacturers selling AED pads that are FDA approved and designed for use in patients under the age of 8 years old. Will Owen stated that in response to that discussion, NHBEMS and Janet Houston, from NH EMS for Children (NHEMS-C), have been researching the issue and have prepared an overview and recommendation with regards to Pediatric AED use which was emailed to all members prior to this meeting.

Will Owen stated that on July 1, 2003, the International Liaison Committee on Resuscitation (ILCOR), Pediatric Advanced Life Support Task Force published an advisory statement that said that AEDs may be used on patients between the ages of 1 and 8 years old. Will Owen said that there has been no official statement made from the American Heart Association (AHA) or the American Red Cross (ARC) with regards to the ILCOR advisory statement but that he has heard that both organizations plan to adopt the recommendation and change their training guidelines. Will Owen also stated that the American Academy of Pediatrician (APP) Committee on Pediatric Emergency Medicine is preparing a statement on the issue which is due out in a year or so and that Dianne Atkins, MD, FAAP, of the APP Section on Cardiology and Cardiac Surgery is one year into a three-year study on the use of AEDs in schools.

Will Owen stated that in spite of the ILCOR advisory statement, NHBEMS and NHEMS-C feel there is insufficient evidence to support the use of AEDs in children less than 8 years old.

Will Owen stated that the immediate question, raised in a 6-11-03 letter from the Hospital EMS Coordinators to the Board, is that the current Patient Care Protocols for AED use are not in line with the current AHA and ARC guidelines. The AHA and ARC guidelines state that AEDs should not be used on patients

under the age of 8 years old (or approximately 25 kg) where as the NH Patient Care Protocols use 16 year old as the cut off.

Will OWEN posed the following questions to the Board:

1. Should the Patient Care Protocols with regards to AED use be changed?
2. If yes, what should they say and when should the change occur?

Discussion followed. Dr. Albertson suggested that we rewrite the AED protocols without reference to age and simply state that ventricular fibrillation should be treated appropriately. Discussion followed about ensuring that patients receive the correct dosage of energy (Joules), the accuracy of these AEDs to correctly identify pediatric rhythms, and the actual causes and frequency of pediatric cardiac arrest.

It was pointed at there is the possibility of an EMS provider showing up on a scene where a lay person has used the pediatric defibrillation pads but the responding EMS provider cannot continue to use them because it is outside of their current protocols. Chief Prentiss said that through the current State AED Registry, NHBEMS would keep an eye out for communities who have purchased pediatric AED pads and work with those community's EMS system and MRH to address this potential problem.

Motion was made by Dr. Yanofsky and seconded by Dr. Siegart to make an errata change of the AED protocol to follow the current AHA and ARC guidelines for AED use in patient 8 years old or older (or approximately 25 kg). Motion passed unanimously.

The Board also directed that NHBEMS continue to watch what the AHA and ARC do in response to the ILCOR recommendations so that if and when AHA or ARC change their guidelines the Board can revisit the issue.

Item 2. Vaccination Pilot Project

Dr. Sabato presented a "pilot project" to look at the feasibility of utilizing EMS providers to administer vaccinations in response to emergency situations such as a smallpox attack. The same training and infrastructure could potentially allow EMS providers to distribute routine vaccinations, such as influenza, in their community. The project would allow paramedics to administer influenza, Hepatitis B, and/or pneumococcal vaccines and is based on a similar successful study done in Pittsburg 5 years ago. The project would recruit Medical Directors and paramedics (up to 50) to be involved. It would include training and close supervision of the providers during. Funding for the project is part of a proposal being presented to the CDC by NH Health and Human Services (NHHHS) under

the bioterrorism funds. The results of the project would be reported to the MCB in one year for possible statewide adoption.

Motion was made by Dr. Sabato and seconded by Dr. Yanofsky to approve the project as presented. The motion passed unanimously.

Will Owen and Dr. McVicar will talk to the Board of Pharmacy about the approval of the vaccines, and Dr. Sabato will continue to work with NHHHS on implementing the project. Dr. Albertson wanted to ensure that NHBEMS stayed closely involved with the project.

Item 3. ACEP Report

Dr. Sabato stated there is going to be a joint meeting and social event on September 9, 2003. The details are still being worked out and he will pass that information on when it's available. He also reported that ACEP has developed a brochure for older driver called "The Golden Driver Brochure" and if anyone would like copies of the brochure, please contact him.

Item 4. Bureau Report

Chief Prentiss referred to her written report which was included in Board Member's packets.

The highlights were:

- George Patterson has taken a full time job with the Office of Emergency Management (OEM) and David Rivers, NREMT-P will be replacing George as the Educational Specialist in the Concord office.
- The Education Section is continuing to work hard on the practical exam process. They have gotten input from the Instructor/Coordinators throughout the state through a number of meetings and will also be meeting with the Exam Coordinators in early August. The goal is to report back to the MCB and Coordinating Board this fall with a final proposal.
- The Field Services Section is in the process of distributing the 135 AEDs purchased with the 2002 Rural AED Grant. Training for CPR and AED use is being coordinated by the North Country Health Consortium.
- NHBEMS has submitted the 2003 Rural AED Grant. It is a three year grant and NHBEMS is asking for 128 machines each year. The focus is going to be shifted towards public access and partnering with communities and businesses.
- All 5 Regional Councils are up and running.
- The final details for the Fire and Emergency Services Instructor Training Program are being worked out. There will be at least one course this fall.

- The rule making process for HB104 "Infant Safehaven" has been initiated by HHS and NHBEMS is working with them on this project.
- The Research Section continues to work on CODES and TEMSIS.
- A letter has gone out to all service that Smallpox immunizations for First Responders is on hold.
- The Field Services Section is developing a number of presentations to promote EMS both to the public and within Public Health and Public Safety. They are due to be ready for the 2003-2004 "refresher season". The presentations are:
 - "What is EMS?"
 - "An Overview of the NH EMS System"
 - "The EMS System – A Review"
 - Recruitment, Retention and Recognition"

Item 5. Division Report

Director Mason reported the following:

- Under the Continuing Resolution, The Division is currently operating on 3/12 of the budget approved by the House and Senate until October 1, 2003.
- The Lebanon Office has been approved and there are a few final step until it can be occupied.
- SB223 has been signed by the Governor which adds \$1 to the fee for a motor vehicle check and brings OEM and the Fire Marshall's Office into the same funding source as the Division of Fire Standards and Training.
- The Division is currently looking at Administrative Rules with regards to waivers and the issue of the protocols.

Item 6. Intersections

Dr. Sabato reported that the Intersections Collaborative is working with a number of co-sponsors on the NH ACTS Conference: an Acute Care and Traffic Safety Conference. It will be on September 16, 2003 at the Highlander in Manchester, NH. The focus will be on impaired driving and trying to develop a common approach to various aspects of how different agencies (law enforcement, EMS, etc) handle impaired driving.

Dr. Sabato also reported that there is work being done on a pilot project/curriculum entitled "Enhanced EMS and Emergency Public Health." It will be comprised of a series of modules. The first will be Highway Safety and will focus on injury prevention. It will include 6 weeks of training followed by community based projects. The second module will focus on other Public Health issues such as immunizations and the third module will focus on Emergency

Management disaster issues. Dr. Sabato will send out the final syllabus when available. The hope is to start recruiting the first class in the next few weeks.

Item 7. NH E-911

Director Mason reported that under HB2, E-911 has become part of the Office of Emergency Management (OEM) within the Department of Safety.

Item 8. Trauma Medical Review Committee Report

Chief Prentiss reported that The Trauma System Conference will be November 12, 2003 at the Inn at Mills Falls in Meredith, NH. Clay Odell and Janet Houston, from NH EMS for Children, are the primary planners for the event and there will be more information to come soon.

Item 9. Trauma Medical Review Committee Representative from MCB

Motion was made by Dr. Siegart and seconded by Dr. Yanofsky to appoint Dr. Mastromarino to the Trauma Medical Review Committee. Motion passed unanimously.

V. ADJOURNMENT

Motion was made by Dr. Fore and seconded by Dr. Sabato to adjourn. Motion passed unanimously.

VI. NEXT MEETING

September 18, 2003 at The Monadnock Community Hospital in Peterborough, NH. (Directions are posted on the NHBEMS website www.state.nh.us/safety/ems)

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Will Owen and Lynn Lagace)